

**RELATIONSHIP BETWEEN HIV/AIDS and MINE CLEARANCE**

Valerie Warmington, Michael O'Connor

The Interagency Coalition on AIDS and Development (ICAD)

1 Nicholas Street, Suite 726

Ottawa, Ontario CANADA K1N 7B7

Web: [www.icad-cisd.com](http://www.icad-cisd.com)

*Presented to the Standing Committee on Mine Clearance, Mine Awareness and Mine Action Technologies by the Canadian International Development Agency - Geneva, May 29, 2002.*

*Copies available in english or french at: [mavis\\_mains@acdi-cida.gc.ca](mailto:mavis_mains@acdi-cida.gc.ca)*

## **HIV/AIDS and Deminers – Issues and Recommendations**

### *Introduction*

This paper considers the extent and nature of the HIV/AIDS problem as it affects the mine action community. It further considers the response of the mine action community to the problem of HIV/AIDS and suggests options for future programming in this regard.

It is hoped that the information presented will assist the mine action community in its efforts to reduce the transmission of HIV/AIDS and to provide support to those already affected as outlined in the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. More specifically, it is hoped that the paper will stimulate further attention to the risks of HIV/AIDS faced by the most vulnerable group within the mine action community – the deminers.

### *Background – The UNGASS Declaration of Commitment on HIV/AIDS*

In August 2001, the *Declaration of Commitment on HIV/AIDS* was adopted by the United Nations General Assembly Special Session. The declaration outlines the terms of a comprehensive global commitment to enhance coordination and to intensify efforts to combat HIV/AIDS.

The declaration indicates that over 36 million people were living with HIV/AIDS by the end of 2000, and that 90% of these people were in the developing world. In response, the declaration calls for strong leadership from all levels of society - governments, civil society, the business and private sectors. In particular, it urges enhanced efforts to address risk and vulnerability, to promote prevention and to provide care and support for those affected. It urges for the integration of these efforts within the mainstream of development planning. United Nations agencies, regional and international organizations and non-governmental organizations are specifically called on to include HIV/AIDS programs within their sectoral activities. Particular mention is made of the need to consider HIV/AIDS prevention when planning responses to emergency situations. Communities emerging from conflict are highlighted as particularly vulnerable in this regard.

The declaration stresses the need to identify and target populations that have high or increasing rates of HIV infection due to factors such as poverty, location, sexual practice or livelihood. It identifies 'mobile workers' as particularly vulnerable groups generally, and 'uniformed personnel', such as those employed in the armed forces or civil protection services, specifically. It calls for strategies to address the spread of HIV amongst uniformed personnel and suggests that this group be employed to assist in the implementation of HIV/AIDS prevention programs.

### *Mine Action – A Uniformed Service*

Although clearly emerging as an issue of practical concern within the mine action sector, there has been little analysis of the relationship between demining and HIV/AIDS or of the mine action community's response to the problem. However, a number of governments and organizations have recognized deminers as particularly vulnerable to HIV/AIDS and are responding accordingly.

This is the case in Cambodia where a report by the country's National AIDS Authority estimates that Cambodian deminers have an HIV infection rate of 7% - essentially the same as the prevalence rate found within the Cambodian military and exceeded only by the prevalence rate found amongst female sex workers (UNAIDS Cambodia – Country Profile, May 2001).

The similarity in infection rates among deminers and the military is not surprising. Not only are many deminers former soldiers/combatants, but in their implementation demining operations often exhibit similar management, organizational structures and characteristics as the military.

Recruited from towns and villages throughout the country, both military and non-military deminers are generally deployed to areas far from their homes and families often for extended periods of time. Although there is little documentation indicating that deminers regularly visit sex workers in the villages and towns near to where they are deployed, anecdotal information suggests that the practice is very common.

One paper that indirectly informs on the issue was published by the International Peace Research Institute (PRIO) in February 2000. The paper titled, '*A Community Living with Mines and Demining: the Case of Bandua, Mozambique*' is part of a larger research program looking at the broad impact of landmines and humanitarian mine action on local communities. The paper provides an overview of a humanitarian mine action programme in Bandua village where over the last 20 years there has been 'a large contingent of men living apart from their families' – first military personnel, then deminers who at the time of the study were the only individuals in this economically-depressed area with reliable incomes. The authors conclude that one of the indirect consequences of the mine action project in Bandua is the perpetuation of a vibrant commercial sex industry initially established when the military was present in the area. They note that although the area is characterized by high rates of sexual disease transmission, at the time, no effort had been made time to educate deminers about sexually transmitted diseases generally or HIV/AIDS specifically.

### *Deminers and HIV/AIDS*

In recent years there is a greater awareness of HIV/AIDS and its impact on mine action activity and a greater response to HIV/AIDS from within the mine action community. Improvements continue to be made.

Unfortunately, HIV/AIDS is only one of many and diverse risks faced by deminers. For mine action donors, managers and advisors responsible for minimizing the risks faced within the field of mine action, HIV/AIDS is an increasingly important topic. It is also a particularly challenging one. The fact that deminers face varied and serious risk on a day to

day basis makes alerting them to the particular risk of HIV/AIDS more difficult requiring specifically targeted 'preventions messaging'.

### *Landmines and UXO*

Years of conflict have rendered many countries landmine and unexploded ordnance (UXO) contaminated. These remnants of war present a significant ongoing threat to the physical safety of people living in these countries. Indeed, despite almost a decade of mine clearance, many thousands of people continue to be killed or injured by mines/UXO each year. These weapons also continue to deny land for farming or other uses and thereby present a barrier to food security and overall socio-economic potential within affected countries.

In Cambodia, a National Level One Mine/UXO Survey was recently conducted in an effort to better define the extent and severity of the problem. The Survey indicates that 46% of all Cambodian villages are affected to some degree by either mines or UXO. Yet, despite the serious socio-economic impacts associated with this mine/UXO problem, it is now believed to be second in impact to the rapidly growing socio-economic threat presented by HIV/AIDS. This situation also occurs in several countries with similar profiles in South-East Asia and Africa.

### *The Relationship between Landmines/UXO and HIV/AIDS*

In general, countries that are affected by mines/UXO also have high HIV/AIDS prevalence rates as a result of the conflict from which they are attempting to recover.<sup>1</sup>

For a variety of reasons the spread of HIV/AIDS is particularly high in areas emerging from conflict:

- Refugees and internally displaced people are significantly more likely to become HIV-infected than people living in stable situations.
- Dramatic increases in the commercial sex industry are common in post-conflict situations because traditional familial and socio-economic networks have been destroyed and economic alternatives are few.
- The delivery of various types of humanitarian aid and development assistance to remote areas increases the exposure of otherwise isolated people to the epidemic.
- The capacities of post-conflict governments to address the spread of HIV/AIDS are generally low. These weak administrations commonly face a daunting array of other seemingly more immediate health, social and other problems. Thus, information on

---

<sup>1</sup> Of notable exception is Laos which appears to have an exceptionally low HIV/AIDS rate though recent information is scarce. In 1993, there was a 0-1% chance of infection by blood transfusion and 75% of commercial sex workers reported always using condoms with clients.

HIV/AIDS available to the public and to high-risk groups is typically limited due to a lack of financial and other necessary resources.

All of the above factors are well recognized as increasing the risk of HIV transmission throughout an area. They are also the circumstances under which deminers are often deployed. In this regard, there are two factors that make deminers particularly vulnerable to the disease: contact with commercial sex workers and use of blood services.

#### *Demining and the Commercial Sex Industry*

Use of sex workers by members of the military and other uniformed services, including deminers, is not uncommon and is a predictable response to a lifestyle that isolates men from their families for extended periods of time. It is also the one of the major reasons why deminers may be considered particularly vulnerable to HIV/AIDS.

Years of conflict have impacted on traditional ways of life such that the commercial sex industry has become widespread and thriving in many countries. Commercial sex workers are amongst those at highest-risk of HIV/AIDS.

In Mozambique, between 10-14% of the general population is HIV infected. This high prevalence rate is largely attributed to a dramatic post-conflict rise in commercial sex due to intense poverty resulting from widespread social breakdown.

The situation is similar in Cambodia where a recent study of HIV rates amongst female sex workers found 31.1% of those working in brothels were HIV positive. An additional 16.1% of those working in the entertainment industry ('beer girls', 'taxi girls' and 'karaoke girls') were infected (UNAIDS Cambodia – Country Profile, May 2001).

In Ethiopia, the overall prevalence rate for those at high risk for HIV/AIDS infection is 43%. This group includes both commercial sex workers and the military.

In addition to initiating ongoing HIV/AIDS awareness programming, demining organizations need to reconsider living arrangements for their staff. Access to commercial sex workers would be reduced if workers lived with their families or were allowed to return home for visits on a regular basis.

#### *Demining and Blood Services*

The risk of serious injury is another area of vulnerability to HIV infection faced by deminers due to difficulties accessing a safe blood supply in the case of an accident.

Angola exhibits an overall HIV/AIDS prevalence rate amongst the general population of 4% and a prevalence rate amongst military personnel of 15% - most of these infections are the result of multiple-partner heterosexual activity. However, 17% of HIV infections amongst the general public are attributed to blood transfusions.

Most demining organizations use a system whereby another deminer with the same blood type as the injured person accompanies the injured deminer to the hospital in order to donate the required blood. Unfortunately, the relatively high HIV prevalence rate amongst deminers determines that this usually life-saving donation involves significant risk.

Recognizing the dangers of HIV transmission resulting from the practice of deminers donating blood to their injured co-workers, the Cambodian Mine Action Centre (CMAC) changed its operating procedures to include a codicil whereby blood donated by deminers would only be used in the treatment of injury when it was not possible to access a screened supply of blood. Unfortunately, this revision in standard operating procedures, while responsible and sensible, is more of a paper exercise than a practical one. Cambodia, like most other mine-affected countries, suffers an acute shortage of screened blood particularly in remote areas (NAA, 2001).

### *Prevalence Rates amongst Deminers*

There is a general acceptance that many of the chronic and reoccurring illnesses that deminers exhibit are AIDS-related and that high death rates amongst deminers due to other illnesses are suggestive of AIDS infection. Where sentinel studies have been carried out it appears that HIV/AIDS prevalence rates amongst deminers are similar to prevalence rates amongst military personnel.

Most demining organizations do not have in place comprehensive personnel policies dealing with HIV/AIDS and as a result deminers are reticent to declare their status due to fear of losing their job.

Improved worker satisfaction and adherence to prevention messaging has been found by organizations in other sectors, after they have introduced comprehensive personnel policies providing job security and medical treatment to HIV/AIDS affected employees and their families

### *Prevention Programming*

Condom distribution is a fundamental component of existing HIV/AIDS prevention programmes directed at 'uniformed personnel'. However, studies show that there are significant barriers to be overcome if condom distribution programmes are to be effective within this particularly vulnerable group:

- a) Condom use is often stigmatized as weak or not masculine, and
- b) Sex is often treated as a type of initiation within military-like institutions. In this context, sex is often linked to alcohol consumption, a factor that plays a significant role in unsafe sexual behavior (UNFPA, 2000).

Men are often unable or unwilling to change their behavior in light of pressures to conform with the rest of the group. Despite ongoing efforts to promote the use of condoms within the

uniformed services in Cambodia, only 38.2% of military men report using condoms during sex with commercial sex workers. No studies have assessed the use of condoms by deminers specifically although it is likely that the rate would be similar to that reported for the military. Despite these potential obstacles to success, efforts to inform deminers about HIV/AIDS and safer sexual practices are noticeably impacting on deminer attitudes and behaviours. This success may illustrate the importance of a demonstrated commitment to addressing HIV/AIDS by senior management. The regular provision of HIV/AIDS information by a dedicated medical team as well as the implementation and periodic review of specific HIV/AIDS policies serves to counteract the usual barriers to increased condom use.

### *Conclusions*

- It appears that deminers face a risk of HIV/AIDS infection similar to members of the military.
- Risk of serious accident coupled with difficulties accessing the necessary supply of screened blood places deminers at additional risk of HIV infection.
- Due to their mobility, deminers are a significant vector of HIV transmission.
- Commitment at the highest levels is required in order to ensure that HIV/AIDS is addressed comprehensively and responsibly in mine action activities.

### *Recommendations*

Recommendations for addressing HIV/AIDS in mine action activities fall into three categories: policy development, improvement of prevention programming, and care, treatment and support for affected persons.

#### *Policy Development*

- Ensure that HIV/AIDS is addressed comprehensively and responsibly in all mine action activities as called for by the UNGASS Declaration of Commitment on HIV/AIDS.
- Ensure that terms and conditions for employment in mine action are in line with the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work, which includes access to voluntary HIV/AIDS counseling.
- Ensure that HIV positive deminers have job security and receive the best standard of care, treatment and support available in their region.
- Develop a comprehensive programming guidelines on mine action and HIV/AIDS to apply to organizations working in high prevalence countries.

#### *Prevention Programming*

- Enlist the assistance of other organizations working to prevent HIV/AIDS in developing and implementing ongoing HIV/AIDS education aimed at overcoming stigma, reducing risk behaviour, and challenging social norms.
- Conduct workshops where members of various ‘uniformed services’ (military, police and deminers) to discuss issues and share experience.
- Use media to inform the public about the work of deminers and other uniformed services addressing HIV/AIDS. Ensure that deminers and other uniformed personnel are featured in safer sex and condom use messages.
- Ensure that male and female condoms are readily available to deminers.
- Investigate ways to promote a normal life by ensuring deminers are posted with their families or have frequent trips home.
- Explore ways of ensuring that a safe blood supply is available to injured deminers.

#### *Care, Treatment and Support*

- Put in place a comprehensive medical package that covers treatment for AIDS and opportunistic infections.
- Collaborate with agencies working in HIV/AIDS care, treatment and support in implementing peer counseling and support programmes for deminers.

## **Bibliography**

- Cambodia Red Cross (CRC). Cambodia Mine/UXO Victim Information System: Monthly Mine/UXO Victim Report (various editions).
- Church World Service. AIDS in Africa – a Generation at Risk. (date unknown).
- Gilboa, Amit. Off the Rails in Phnom Penh: Into the Heart of Guns, Girls and Ganja. Asia Books. 1998
- HALO Trust. HALO Trust Cambodia HIV/AIDS Policy. December 2000.
- Hovell, M. Email on behalf of HALO Trust Cambodia. October 2001.
- International HIV/AIDS Alliance. An Evaluation of the MoH/NGO Home Care Programme for People with HIV/AIDS in Cambodia. June 2000.
- International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work [http://www.ilocarib.org.tt/infosources/general\\_reports/aids/cop\\_aids.pdf](http://www.ilocarib.org.tt/infosources/general_reports/aids/cop_aids.pdf)
- KHANA (Khmer HIV/AIDS NGO Alliance). Children Affected by HIV/AIDS. Jan.-May 2000.
- KHANA (Khmer HIV/AIDS NGO Alliance). Entertainment Workers and HIV/AIDS: An appraisal of HIV/AIDS related work practices in the informal entertainment sector in Cambodia. May 2001.
- Law, A. Email on behalf of Mines Advisory Group (MAG) Cambodia. November 2001.
- National AIDS Authority of Cambodia (NAA). A situation and response analysis of the HIV/AIDS epidemic in Cambodia. DRAFT. June 2001.
- Synergy Project. Various country reports on HIV/AIDS published between 1997-2001.
- The Cambodia Daily, various editions between January 2000- June 2001. Mockenhaupt, B. (ed.). Phnom Penh, Cambodia.
- UNAIDS Cambodia. The HIV/AIDS/STI Situation and National Response in Cambodia – Country Profile, 4<sup>th</sup> edition. May 2001.
- UNAIDS. HIV Prevention Needs and Successes: A Tale of Three Countries. April 2001.
- UNFPA, Technical Paper No. 3 Partnering: A New Approach to Sexual and Reproductive Health. December, 2000.
- USAID Cambodia. Population, Health and Nutrition, DRAFT. June 2001.
- Wilkinson. An Evaluation of the Ministry of Health/NGO Home Care Programme for People with HIV/AIDS in Cambodia. International HIV/AIDS Alliance: June 2000.